

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028653

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6963

STATE FILE NUMBER

FILED JUL 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

St. Louis

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION DePaul Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE Missouri COUNTY

St. Louis

c. CITY OR TOWN

Unincorporated

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

10732 Linnell Dr.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

WILLIAM (Gandolfo) GANDOLFO

4. DATE OF DEATH

Month Day Year

July 15th, 1962

## 5. SEX

male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/14/1909

## 9. AGE (last birthday)

53

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

## 10b. KIND OF BUSINESS OR INDUSTRY

Selfemployed

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Carlo Gandolfo

## 13b. MOTHER'S MAIDEN NAME

Rose Cusumano

## 14. NAME OF HUSBAND OR WIFE

Mrs. Lena Gandolfo

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) (If yes, give war or dates of service)

Yes W. W. II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Lena Gandolfo 10732 Linnell Dr.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Anterior chest Heart Disease

3 year

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

May 1956

to July 1962

and last saw him live on

July 9, 1962

Death occurred at 10 22 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert M. Launch, M.D.

## 22b. ADDRESS

52 Maryland Plaza

## 22c. DATE SIGNED

16 July 1962

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.

## 25. DATE READ. ANNUAL REG.

JUL 16 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

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59

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. M. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.